



Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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SITE VISIT REPORT

White Memorial Medical Center Family Practice Residency Program

Report completed by: Melissa Omand

Date: April 13, 2010

Time: 9:00 a.m. – 12:30 p.m.

Location: White Memorial Medical Center Family Practice Residency Program
1720 Cesar E. Chavez Avenue
Los Angeles, Ca 90033

Discussion: Dr. Hector Flores, Co-Director of the White Memorial Family Practice Residency Program completed the Site Visit Tool and provided comments to the staff. See staff comments provided in blue throughout document.

Song-Brown Staff also met with Tony Cortez, J.D., Administrator of Special Projects and Stephanie Gates, M.Ed., Manager.

The White Memorial Family Practice Residency Program is a 7-7-7 program located in East Los Angeles. Since their start in 1988 the program has strived to recruit and train physicians who will practice in areas of unmet need and participate as a member of an interdisciplinary health care team.

Site Tour: Song-Brown staff was given a tour of the Family Health Center located directly across the street from White Memorial Medical Center. The Family Health Center is run by the Family Care Specialist Medical Group and committed to medical education and the continuing education of its clinicians. Thus, the Family Care Center is an active participant in the White Memorial Medical Center Family Practice Residency Program.

Findings: The White Memorial Medical Center Family Practice Residency Program meets each of the minimum standards in Sections II and III of the Site Visit Evaluation Review.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING PROGRAM

Family Practice Residency Program Site Visit Evaluation Review

Training Program Information

Name of Training Program:

White Memorial Medical Center (WMMC) Family Medicine Residency Program

Date of Site Visit: April 13, 2010 Site Visit Review Staff: Melissa Omand and Daniel Reynoso-Miranda

Names and Titles of Persons Interviewed: Hector Flores, M.D., Co-Director, Erasmo "Tony" Cortez, J.D., Administrator of Special Projects and Stephanie Gates, M.Ed., Manager.

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in bold:

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- I. **Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce(hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:**
 - A. **Meet the American Medical Association's "ACGME program requirements for Graduate Medical Education in Family Practice", and**
 - B. **Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and**
 - C. **Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or**

For postgraduate osteopathic medical programs in family practice:

- A. **Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and**
- B. **Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and**
- C. **Meet C requirement above.**

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected:

September 2012

Concerns: None

Additional comments relating to compliance with Section I of the Standards (optional):

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

The following questions relate to Section II of the Training Program Standards:

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities? (Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ if no, provide comments: The WMMC Family Medicine Residency Program's last approval letter is dated Nov. 5, 2007. The Residency received five years continued full accreditation from the Residency Review Committee (RRC) for Family Practice. We anticipate the RRC will conduct a site visit in May 2012.

2. Describe the location of the residency program's principal family health center by completing the information below.

FHC Address	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
1720 Cesar E Chavez Ave Los Angeles, CA 90033	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	10.5	10

3. Are all of the residency program's residents required to spend part of their three years in patient care in that location?

Yes ☒ No ☐

Did the site review include a visit to the principal family health center?

Yes ☒ No ☐

List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standard:

Training Site Name/Location	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation (months)		
					PG-1	PG-2	PG-3
Pacific AIDS Education and Training Center (PAETC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.25
Roybal Comprehensive Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.0	
Shriners Hospitals for Children Los Angeles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.5
Tarzana Rehab Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.5

4. Describe the type of the residency program's training component (other than its principal family health center):

Name of Training Site	Site Designation*					
	Other CHC	Rural Health Clinic	School Based Clinic	Other	FQHC or Look-Alike	Government Owned or Operated Facility
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check all applicable categories that describe the training component

Additional comments relating to compliance with Section II of the Standards (optional):

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need. Please explain

Yes ☒ No ☐

The WMMC Family Medicine Residency Program has designed a successful recruitment and selection process, which reflects the program’s goals that have their origin as a Minority Medical Education and Training (MINMET) sponsored program. More recently known as the Shortage Area medical Education and Training (SAMET) program, the MINMET philosophy and objectives are shared by the residency and include improving the supply of concerned professionals who practice in the area and provide care for an underserved multi-ethnic, inner city population.

The recruitment process is lengthy and deliberate and, as a result, the residency has enjoyed consecutively favorable classes of residents who are motivated to achieve our program goals. The residency program faculty establishes relationships with socially committed students and under-represented minority students early in their education, encouraging them to consider health careers. This includes the Adopt - A - School Program for local “feeder” primary and secondary schools, coordination of a summer shadow program for minority high school students at the White Memorial Medical Center; participation in the Multicultural AHEC “Jóvenes por la Salud” internship program for minority junior and senior high school students; support for the Puente Program involving students at local community college campuses; participation in the UCLA PrEP (Pre-entry Preparation Program); participation with the Model Hispanic Health Career Opportunity Program (MHH COP) at California State University, Los Angeles; sponsorship of a research assistantship program for minority students interested in health careers; and participation with premedical and health career student interest groups through the Latino Medical Student Association (LMSA) super network, the Student National Medical Association, and the California Latino Medical Association.

As a result, 87% of the resident physicians (133/153) enrolled at the WMMC FMRP have been from groups known to be under-represented in the health professions. In addition, 70% have participated in at least one component of the residency’s pipeline recruitment program. In 2007 we matched our fifth former Jovenes por La Salud (high school shadow program) student, Aide Perez, PGY-III who is one of our two current Chief Residents.

- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need. Please explain

Yes ☒ No ☐

A specific objective of the WMMC Family Medicine Residency Program is to increase the number of Family Practice physicians working with underserved populations. Beginning with the first rotation for all new residents, the Residency Directors meet with the residents to encourage, nurture and support each resident's goal of having a meaningful career. Each resident is assigned a faculty advisor who supports and encourages the Resident's goal "to make a difference" in his/her community.

The faculty practice, Family Care Specialists (FCS), models a successful inner-city group practice and serves as the living laboratory for curriculum development, as well as the "Litmus Test" for its relevance. Further, the Residency Program along with the hospital's Physician Services office has delineated physician practice support strategies to encourage residency graduates to establish practices within the hospital's trade area. To date, 36 graduates have established practices in the area, including 12 who have joined the residency faculty practice.

In addition, the Residency Program directors and faculty continue to serve as career advisors and practice management "consultants" for graduates practicing in medically underserved areas. The Residency Program stays in close contact with all of its graduates, including surveys of all graduates, which elicits their assessment of the Residency Program curriculum and its relevance to their current practice. This survey provides important refinements to the program curriculum. A second benefit is the opportunity for graduates to obtain advice and consultation from the Residency Director and Co-Director regarding practice start-up, business and practice issues and career goals. Over the years several of the program graduates have benefited from this valuable resource.

The Practice Management curriculum is designed to encourage graduates of the program to practice in areas of need. A required two-week rotation is customized to each resident's interest, e.g., working in private practice vs. in a publicly funded health center, etc. so that each graduate enters a certain practice with an awareness of the issues and challenges which they will need to address. Residents are also encouraged to seek employment or practice opportunities in medically underserved areas via the Public Health Service site identification service or the National Health Service Corps (NHSC) and state loan repayment programs. Additionally, in 2001 and in 2002 the residency program assisted two graduates in successfully obtaining National Institutes of Health (NIH) Loan Repayment Program funds to enable them to further their academic careers. In 2004 the residency program worked actively with the California Medical Board to assist the Medical Board's efforts to implement its Steve Thompson Memorial California Physician Corps Loan Repayment Program (LRP). Since the Thompson LRP was established, 5 graduates of the Residency Program have been recipients.

Since 2000, the Residency Program has offered its Practice Management curriculum to residents in the other primary care residencies at WMMC. To date, this effort has successfully tripled the number of Internal Medicine and Pediatric residency graduates who stay in the hospital's service area.

These efforts became the basis of the California Shortage Area Medical Matching Program (Cal SAMMP) established in conjunction with the OSHPD in 1995. Over the years Cal SAMMP has been a valuable resource to assist White Memorial Medical Center Family Medicine Residency Program graduates to identify practices in California's neediest communities. As a result of all of these strategies 77% of the program's 120 graduates are working with medically underserved populations.

- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.
Yes ☒ No ☐

The following questions relate to Section III of the Training Program Standards:

1. Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

- (a) Mission statement speaks to graduate deployment Yes ☒ No ☐

Staff Comment: The goals of the program are to attract and train culturally compatible socially aware, and academically qualified house staff. Provide high quality training for young physicians in order to enhance their potential for successful medical practice. Retain program graduates in areas of unmet health care need – with special reference to the inner city. Successfully engage in leadership development of faculty and house staff.

- (b) Website emphasizes underserved areas, populations Yes ☒ No ☐
(c) Promotion of mission in interviews of residency applicants Yes ☒ No ☐
(d) Does the programs underserved goals affect the ranking of residents Yes ☒ No ☐

If yes, how?

The recruiting process is lengthy and deliberate. We work hard to identify our most appropriate candidates long before medical students apply through the National Residency Matching Program. As a result, we have enjoyed consecutively favorable classes made up of resident physicians capable and motivated to achieve program goals. Each of our classes has included a high percentage of under-represented minority trainees. A total of 87% of Residency participants have come from under-represented ethnic minorities and disadvantaged background, and all residents are chosen because of their demonstrated commitment to a meaningful career in medicine.

The initial process consists of a thorough review of each application to distinguish between those individuals who possess the following traits: 1) academically qualified; 2) culturally sensitive; 3) compassionate; and 4) have a demonstrated interest in participation in community outreach activities. After discerning the candidates who meet these standards, faculty further narrow the pool, and rearrange the rank list to favor applicants who:

1. Understand and identify with cultural and ethnic groups residing in our service area.
2. Are able or desire to learn foreign language(s) appropriate for communicating with the diverse cultural groups located in the surrounding communities.
3. Have a desire and demonstrated commitment to provide care to underserved populations.
4. "Roots" in or near the inner city and a network of supporters (friends/relatives) in or near the community.
5. Demonstrated involvement with organizations who promote and/or provide health care to MUC's and encourage minority students to enter the health professions.
6. Demonstrated skills or interest in leadership in health care delivery, health policy and community advocacy.
7. Received secondary education in the local community, confirmed by the findings of the Coastal Research Group that the location of an aspiring physician's high school is a strong predictor of future practice site.

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|---|-----|-------------------------------------|----|--------------------------|
| (e) Special emphasis on recruiting residents from areas of unmet need | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Developing core faculty with experience in underserved practices | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Utilizing community physicians from underserved areas | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| (h) Offering preceptorships, clerkships to medical, pre-med students | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

If yes, please describe: Recruitment activities for our Program include supporting Student National Medical Association (SNMA) and LMSA activities on medical school campuses; sponsorship of the primary care clerkships for medical students interested in Family Practice and support of American Medical Student Association (AMSA), and California Academy of Family Practice (CAFP) medical student activities. Each of these activities provides our faculty and staff with invaluable opportunities to share about the inpatient and outpatient clerkships as well as the Residency's annual Research Assistantship program.

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| (i) Formally promoting medical careers in high schools, colleges | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|-------------------------------------|----|--------------------------|
- If yes, please describe.

The design of the WMMC Family Medicine Residency Program's recruitment and selection process bears witness to the program's rich history as a Minority Medical Education and Training (MINMET) sponsored program. More recently known as the Shortage Area Medical Education and Training (SAMET) program, the MINMET philosophy and objectives are shared by the residency and include improving the supply of concerned professionals who practice in the area and provide care for an underserved multi-ethnic, inner city population. Residency Program faculty actively engage socially committed students and under-

represented minority students at an early stage of their educational careers and encourage them to consider a career in the health professions. Activities and events that are utilized by our faculty to engage students include programs like the:

- Adopt - A - School Program for local “feeder” primary and secondary schools,
- Coordination of a summer shadow program for minority high school students at the WMMC
- Participation in the Multicultural AHEC “Jóvenes por la Salud” internship program for minority junior and senior high school students;
- Support for the Puente Program involving students at local community college campuses;
- Participation in the UCLA PrEP (Pre-entry Preparation Program);
- Participation with the Model Hispanic Health Career Opportunity Program (MHH COP) at California State University, Los Angeles;
- Sponsorship of a Research Assistantship Program for minority students interested in health careers; and
- Participation with premedical and health career student interest groups through the Latino Medical Student Association (LMSA) super network, the Student National Medical Association, and the California Latino Medical Association.

2. Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 4 categories)

a) Faculty advisors/hospital management promote practice opportunities

Yes ☒ No ☐

b) Coordination with NHSC federal/state loan repayment programs

Yes ☒ No ☐

c) Coordination with community physicians in recruiting residents

Yes ☒ No ☐

d) Aside from the Practice Management Course does the program provide residents the skills to navigate various health systems?

Yes ☒ No ☐

Additional comments relating to compliance with Section III of the Standards (optional):

Song-Brown Program questions:

1. What year was the residency started?
1988
2. How long has the program been receiving Song-Brown Funds?
1988
 - a) What year did the program first apply? 1987
 - b) Has the program consistently applied for funding each year? Yes ☒ No ☐
If no, explain: _____
3. Are program graduates made aware that they can contribute to the Song-Brown Program at the time of license renewal?
4. Explain how the program maintains contact with its graduates to obtain information about their practices. Include what information is gathered and how it is used.

The Residency Program stays in close contact with all of its graduates, including surveys of all graduates, which elicits their assessment of the Residency Program curriculum and its relevance to their current practice. This survey provides important refinements to the program curriculum. A second benefit is the opportunity for graduates to obtain advice and consultation from the Residency Director and Co-Director regarding practice start-up, business and practice issues and career goals. Over the years several of the program graduates have benefited from this valuable resource.

5. How has your program benefited from receiving Song-Brown funds?

The following are general questions relating to the administration of the Song-Brown program:

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.

a) The applications for Song-Brown funds:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
b) The oral presentations to the Commission:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
c) New funding mechanism	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
d) Awarding of funds	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
e) The contract process:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
f) The invoice process:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?
 - a. 100% of Residency Graduates are Board Certified in Family Medicine.

- b. Established a formal Cultural Competence Curriculum and Faculty Development Program for primary care residency programs that include training in the deployment of health interpreters and in the use of remote interpretation services.
- c. The Residency Program recruited a Director of Research and Evaluation to formalize its research agenda, engage faculty and residents in research and other scholarly activities and to develop a residency evaluation plan.
- d. Provides Continuing Medical Education (CME) Faculty Development Workshops in Practice Management and Culturally-Responsive Diabetes Care.
- e. Faculty Participate in multiple CME programs throughout the country.
- f. Practice Management curriculum highly popular. We had a well-attended 2-day conference on June 3- 4, 2005, and now regularly host all of the White Memorial Medical Center Pediatrics and Internal Medicine PGY–III's as well as residents from UCLA Family Medicine Residency Program, Harbor-UCLA and California Memorial Medical Center.